

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 20959/2140 (P 63469)							
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____  Name: _____		In re Application of: <b>Huwig et al.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number: 10/658,953</td> <td style="padding: 2px;">Filed: September 10, 2003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For: <b>ACID-CONTAINING DESENSITIZATION AGENTS FOR TEETH</b></td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: 1618</td> <td style="padding: 2px;">Examiner: Blessing M. Fubara</td> </tr> </table>		Application Number: 10/658,953	Filed: September 10, 2003	For: <b>ACID-CONTAINING DESENSITIZATION AGENTS FOR TEETH</b>		Group Art Unit: 1618	Examiner: Blessing M. Fubara
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)         </div> <div style="width: 15%; text-align: right;">           \$ <u>130</u>            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.         </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.         </div> <div style="width: 45%; text-align: right;">           November 10, 2008            _____            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           _____            Signature             Joseph M. Noto            _____            Typed or printed name         </div> <div style="width: 45%; text-align: right;">           _____            (585) 263-1601            _____            Telephone Number         </div> </div>									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
<input type="checkbox"/> Total of _____ forms are submitted.									

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